



Kids Klub, Inc.



Tuition Scholarship Application

Incomplete applications will not be considered until completed

New _____ Renewal _____

Today's Date _____ Kids Klub Site _____

Parent's Name _____

Child(ren)'s Name _____

Address: _____

City/State/Zip _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-Mail _____

Selection for tuition assistance will be based on the following criteria:

- a. Total number of people living in your home as of today's date: Adults (18 yrs and older) _____ Children _____
- b. Ages of children enrolled or who will be enrolled in Kids Klub, Inc.: ____/____/____
- c. Actual tuition fee should be \$_____ per week
- d. Weekly Schedule: AM Hours M _____ T _____ W _____ Th _____ F _____
PM Hours M _____ T _____ W _____ Th _____ F _____
- e. Total amount of hours needed per week: Hours _____
- f. Is child care needed during vacation weeks/ summer camp? M T W Th F (circle days needed) Total hours _____
- g. Amount you can afford to pay weekly \$ _____
- h. Are you eligible for DHS child care subsidy? Yes _____ No _____ (See reverse side for income level chart)

Please indicate total gross income last year from all members of household including child support/alimony payments:

Attach the most recent paycheck stub or other proof of income. Your application will not be processed without this information.

- \$1 - \$29,700
- \$29,701 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 - \$80,000

Write a short explanation of any extenuating circumstances, which have an effect on your need for financial assistance (use the back for additional space)

The statements above are correct and true to the best of my knowledge. I understand that upon approval of this scholarship, tuition payments must be made in accordance with the organization's policies and any past due amount will cause the scholarship to be cancelled immediately.

Applicant's Signature (Parent/Guardian Name) _____

Date _____

To be completed by office

Date Received _____			Approved _____
Weekly Tuition Amount		Weekly Tuition Scholarship Amount \$ _____	VP _____
1 st Child \$ _____		Weekly Parent's Tuition Fee \$ _____	VP _____
2 nd Child \$ _____		Start Date _____	TC-D _____
3 rd Child \$ _____		Expiration Date _____	
Total \$ _____			Parent & Site informed Date: _____

Our Mission

To provide family, youth and child services in a safe, structured, and nurturing environment through a team of dedicated professionals.

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www.kidsklubri.com

Starting RIGht Child Care Assistance Program (CCAP)
Family Income and Co-Payment Guidelines

Income Level	Percent of Income Assigned as Co-payment	Family Size 2	Family Size 3	Family Size 4	Family Size 5	Family Size 6	Family Size 7
0	0	\$14,570	\$18,310	\$22,050	\$25,790	\$29,530	\$33,270
1	2%	\$18,213 CP=\$6 - \$7	\$22,888 CP=\$7 - \$9	\$27,563 CP=\$8 - \$11	\$32,238 CP=\$10 - \$12	\$36,913 CP=\$11 - \$14	\$41,588 CP=\$13 - \$16
2	5%	\$21,855 CP=\$18 - \$21	\$27,465 CP=\$22 - \$26	\$33,075 CP=\$27 - \$32	\$38,685 CP=\$31 - \$37	\$44,295 CP=\$35 - \$43	\$49,905 CP=\$40 - \$48
3	8%	\$26,226 CP=\$34 - \$40	32,958 CP= \$42 - \$51	\$39,690 CP=\$51- \$61	\$46,422 CP=\$60- \$71	\$53,154 CP=\$68- \$82	\$59,886 CP=\$77 - \$92

- Family Size=all the children and all of their parents and all spouses of children's parents living in the same household.
- The amount of money shown in each Income Level is the maximum amount of gross annual income a family can earn in that level.